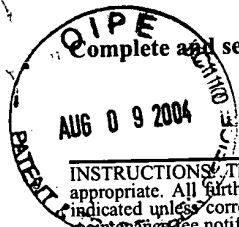


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail**

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26211 7590 05/13/2004

**FISH & RICHARDSON P.C.**  
**45 ROCKEFELLER PLAZA, SUITE 2800**  
**NEW YORK, NY 10111**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<b>Maryann White</b>	(Depositor's name)
<i>Maryann White</i>	(Signature)
<b>August 5, 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/914,319	08/24/2001	Kosuke Seiki	11283-014001	2187

TITLE OF INVENTION: METHOD FOR RESTENOSIS FOLLOWING CORONARY VESSEL INTERVENTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	08/13/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DAVIS, RUTH A	1651	435-025000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Fish & Richardson P.C.**  
 2 \_\_\_\_\_  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Maruha Corporation**  
**Japan Science and Technology Corporation Japan**  
**Osaka Bioprocess Institute Japan**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature)

(Date)

**8/5/04**

**Stuart Macphail (Reg. No. 44,217)**

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Attorney's Docket No.: 11283-014001 / PH-787PCT-US